

DDS Autism Spectrum Disorder Advisory council (ASDAC)
Minutes
December 16, 2015

Members Present: Jordan Scheff, Commissioner Murray, Sara Reed, Doriana Vicedomini, Nikki Richer, Yana Razumnaya, Jim Loomis, Ann Gionet, Judy Dowd, Kathy Marchione, Lois Rosenwald, Sara Lourie, Isabelina, Rodriguez, Ruth Eren, Representative Abercrombie, Sara Reed, Zachary Laudano, Marcia Eckerd, Ann Gionet, Bill Halsey, Nikki Richer

Members Absent: Wendy Campbell, Beth Leslie, John Molteni, Lynn Ricci, Carole Ryan-Hanlon, Robert Shea

Others: Debra Anderson, Jennifer Krom, Gillian Stein, Cheryl Iannucci, Sara Senft, Josh Scalora

Call to Order: 9:38am

Welcome and Introduction: Jordan Scheff

Public Comments:

Grandfather of 3 1/2 year-old regarding services.

- Main concern is the “wait”
- Concerned about insufficient number of qualified providers and need of home supports
- Issues are not with DDS or Value Options (now Beacon Options)
- Concerned that providers are dictating services, though not providing services needed
- Rates are low for providers
- New providers need to be recruited. Impressed with DDS Resource Specialists.

Support/Housing – Josh Scalora

- Overview of housing program.
- HUD funded program
- Developing and deepening number of affordable housing slots
- CT CFHA, Department of Housing and Agencies
- In 2013 Connecticut applied for grant.
- Project Rental Assistance Grant awarded
- \$4 million statewide to fund first five year, delivered by HUD.
- 811 program. Applied for 150 unit vouchers. Received commitment from HUD for 150 units. 75 units will be affordable, 30% of fair market rent. DDS, DMHAS and DSS will divide up the unit vouchers.
- DMHAS are targeting people who are homeless. DSS “Money follows the Person”, DDS – Adult Autism Lifespan Waiver

- Autism Unit is working to identify individuals ready and those that need planning
- 2 year rental program that will provide assistance for 20 years as long as individual meets the income requirements.

Questions/Comments:

- Are the locations already identified?
- Can they apply for an existing environment?
- Will these 150 units be identified?
- First round is reaching out to people who have participated in funding rounds. Looking for existing vacant units or upcoming units. Second round, would be an RFP round for support providers to come in and make proposals. Program for new unit identification. Will not fund people at locations where they are currently living. Not a state rental assistance program. HUD funding.
- Statewide? Looking to identify statewide? Yes, this is a requirement of the funding. Proportional to the needs. Homeless, referral process is through 211. "Money follows the Person" has good information.
- Individuals would choose two preferred towns.
- Transportation is an issue. Is this taken into consideration? Yes. Outcome benefits - getting individuals into local communities,
- How many slots for individuals with ASD? 50/50/50 split. (50 units) Referrals will work in rolling process.
- Do individuals have control over where to live? Safe housing? Individuals want to feel safe.
- Pets? Therapy animals allowed?
- Choice of accepting unit is yours. Personal decision. The individual will state preferences to case managers.
- Do individuals on Waitlist qualify? Departmental decision based on funding.
- If funding is there, it would include individuals on waiting list. Only if Medicaid and funding eligible.
- How is housing secured? CT Housing Administration Authority. Reach out to property owners. Looking to identify property developers. Looking for available vacant units or units projected to be open in the next couple of years.
- Are some units in cities or suburban?
- How statewide?
- CHFA and Department of Housing Authority have funded thousands of units over the past four years. More density in urban areas. No units have been identified yet.
- Income requirements are that people pay 30% of rent.
- Accommodations for individuals that require a live-in caregiver. Caregivers' income is not considered. Not required to be employed.
- Does federal require a plan to become permanent? What about after 20 years? No answer as of now.

- Member of council commented - Would hope individuals on the Waitlist would be an option for them. Further discussion with DDS.
- No requirement for a certain level of support. Need care coordination and case management services to begin the program. Minimum level of support required.
- Can individuals have a roommate? Is there a way to place friends close to one another? Yes. Looking at small groups of units in housing units.
- May contact Joshua Scalora with any questions at joshua.scalora@ct.gov. He is willing to come back to council meeting if invited.

Update from State Agencies:

DMHAS:

Nikki Richer – has a meeting on Friday with more information coming for the next meeting regarding the DMHAS Autism Waiver.

OPM:

- Healthcare advocate collaboration is discussing ways to private pay, etc.
- Bring in human service agencies to discuss ways to support housing
- Discussions have just started. Offers potentials if allowed to provide private services. More to come.
- Supportive housing is growing, have enough turnover where individuals would not be kicked out. Never have to leave unit. Will report more as discussions continue.

Beacon Health Options/Value Options (Jennifer Krom):

- Status update
- PowerPoint presentation. Jennifer will email Debra to disseminate to Council
- Questions – ASRC is online. Do they refer families to that? Yes they do.

Feasibility Study Initiatives: (Debra Anderson)

- Hospital for Special Care – official opening date 12/28/15
- Hired 28 staff and continue to hire.
- HSC visited programs in other states.
- Layout is well designed. Units include single and double beds. Designed for safety. Comfortable, bright environment for young individuals. HCS has done an excellent job. Professional and community open houses. Website is updated to reflect the new unit. Happy to accommodate tours. Referrals come from MD, information is online. Encourages council to go.

UConn – Autism Spectrum Disorders Professional Curriculum

- Handout with UConn update.

SCSU – Training for Educators

- Update

In-Home Behavioral Supports –LEA's (Doriana Vicedomini)

- Moving forward with project without the money until they get the money.
- Region 17 identified first student and will be discussing with parent tomorrow to see if interested. Suffield has identified team leader. Working with families in January. School to Home Team is developed.
- Psychiatric residential project. Waiting for contract to go through steps to be finalized. Hoping within the next week or so. Made connections. Getting Started Together will be the link.
- **Resource Guide** is online for the State of Connecticut. Updated, added at least 200 additional entries. Working with BRS about linking. Wants to collect feedback about its usability so that they can improve.
- **Social Recreation project** is just beginning. Have not received paperwork yet.
- Peer mentors
- Creating a curriculum
- Young adults and adults on spectrum
- Short term community mentors. Introductory support.
- Increasing social activities.
- Important piece is to get the resources around the state.

DDS (ECAW transitions, Waitlist referrals, supportive housing slots)

- Working hard with Value Options/Beacon to help transition children smoothly from ECAW who are Husky A.
- 4 children have left since November. 3 more are in the process. Some are aging out in January and February.
- Begin transition meetings 4 months before child turns 5. Still have 4 children who are Husky B.
- Looking for referrals, talking with Birth to 3. Have referred 235 children under age 21 with Husky, A, C and D on waitlist and under the age of 21 without private insurance to Value Options/Beacon.
- Getting families connected to Value Options/Beacon for services.
- 98 individuals are on the Lifespan Waiver.
- Bringing in 4 additional individuals from waitlist onto the waiver.
- DDS does presentations at community collaboratives.

Questions/comments

- What is happening in terms of feasibility money in order for this to continue?
- It's in the budget for 2017.
- OPM is working with DDS to make sure we are doing what we can to make availability.

DSS Presentation – Goals

- Working on state plan amendment, part of Medicaid mandate to cover autism under Medicaid.
- School-based health service program, finish mandate, Medicaid will be covering IEPs and those who don't have IEPs. DSS will soon be meeting with districts to discuss billing, services, etc. Hope to have up and running by July 1, 2017. Will hear more about this. How private insurance fits into this.
- State Department of Education question – Who pays for what? How are they working with our school districts? DCF is trying to change the regulation. There was a lot of confusion. Getting a better understanding about it. Can't answer right now.
- Mindful of this. Starting process of briefing people. A lot to do before July.
- Can bring in Bill Halsey and Chris Levine to discuss what is covered. They can talk in much more detail.
- Important to have the council updated on this. There was a lot of confusion regarding the billing. They don't feel they are getting their fair share back. Need to be mindful of this.
- It's worth it if handled. There has to be a way that the districts are presented with the information. Being individually billed isn't worth it for the districts. They get 25%. Possibility of towns getting together and hiring billing agents. They feel it is worth it.
- May want to think about doing working groups with the districts to do properly.
- Need educational piece for the districts. Can no longer submit under Medicaid as a bundled rate. Need to be mindful as to what's coming from CMS. 25% did not come up in the working group. 25% of school based health. May need to do billing under this.
- Assessment of services provided?
- Really important to look at all fiscal options available. Understand the lack of clarity
- Take a look at how other states do this.
- People will be re-evaluated. Some may be shifted.
- Were able to get additional services at school. Lack of providers. Do not have the manpower needed.
- Do we pay for after-school services currently? Is there a possibility to add the service after school?
- Areas with tension by the towns that want the state to pay, vice versa.
- Important as we think about this. How do we provide the services that these individuals need? Programs at the Y may be a way to give the districts the opportunity to give the children a place to go for added services.
- See what CMS is allowing us to do.

Future Goals and Visions of the Council: Areas to follow-up on

- List of short and long term goals
- Use of monies allocated to date

- Deficit of a few hundred thousand dollars in autism. Tobacco Trust Fund money has not been transferred over yet.
- We do not transfer until we need to spend it?
- Confused as to how there is a deficit.
- Issue of transparency of resources designated for autism.
- What are the resources available and how are they spent?
- \$700,000 for feasibility study.
- Extending contracts and using portions of next year's money. Determined on the goals of the committee.
- Proposal on resource guide.
- Link, training, status?
- To get the information out there. People do not know that it's there.
- Important part of the original proposal. Infoline.
- Part of the original proposal but there was less funding available. Ongoing piece and maintenance and update. Next year's budget? Important next step?
- ASRC has hired someone on the spectrum to do this project.
- Some projects are contracted into next year, while some are not.
- Will free up resources for additional projects.
- Schools would like to know if they will be funded.
- Would be great to see in writing. Just not clear. Some contracts are signed and some are not as of yet. Hopefully for next meeting we can be more clear.
- Would be helpful for the council to receive an update. Transparency is important.
- Comes down to resources. What resources are there and where they are going to.

Approval of last meeting's minutes:

- Minutes not approved at this time. DDS Autism will revise and send out via email.

Additional area to discuss:

- Feasibility study – what would we do if we could?
- Would like to see more parents/grandparents on council. 2 spaces available at the moment.
- Legislative changes.
- Problem in the state is capacity. Need is tremendous. Perfect group to work on this.
- Would like direction from Commissioner Murray to move forward
- Lack of communication to see where we are going.
- Are we moving forward or starting over again?
- Commissioner Murray emphasized that we are moving forward with autism and increasing services.
- Dramatic increase.

- Designed to provide greater access to case managers for employment, education, increasing how we look at services.
- Moving full steam ahead.
- Feasibility study had goals in it. Implemented some of those goals. How do we structure our next step? What other things should be done?
- Very dedicated working committees.
- Council member expressed they do not feel that we have had updates with the projects. Roadblocks. What happened to the proposals? Structure of having work groups works well. Liaison meeting regularly helps. Where are we moving forward? Plan for the future? Difficult when we meet so infrequently. Should be a part of what we are doing. Need to get work done.
- Lack of current structure.
- Deputy Commissioner, Jordan Scheff is unsure why the workgroups needed to stop. Committees are still able to meet.
- Clarity of status as to what is going on. Jordan suggested the committees work together. Where is the agency standpoint? Clarity
- Jordan will bring update on feasibility study. Would be helpful if liaisons can give input.
- Other workgroups? Information will help move forward.
- What is the purpose of the group?
- By-laws – advisory group. Action group or advisory council?
- Jordan - It is an advisory group. Next steps, ask Debra Anderson to set up next steps with Liaisons for workgroups.
- Important to decide the purpose of the group.
- Suggested to have another retreat before the next meeting
- Need things to focus on in order to give advice. Too huge a subject and need.
- Need more clinicians and parents in group.
- Workgroups came about because there are so many needs in the state.
- Feasibility study predated the advisory council. Once it hit the phase it shifted.
- Do workgroups need to come back?
- Needs to be clarity as to what is going on. Needs to be in writing.
- Workgroups help to advise us on projects we need to pursue. Reorganizing and refocusing workgroups is suggested. Debra offered to assist.
- Ready to start meeting once contract is signed.
- Discussion regarding advisory group in lieu of advisory council. Subcommittees can be part of the agenda. Follow up meeting to set up follow-up for next year. Long and short term goals. Formatted differently. Need a meeting to get group back to where it is supposed to be.
- So many areas that need to be addressed. Room for dividing into groups.

Dates for 2016 Meetings: To be discussed at a later date.

Review and Approval of Minutes: Minutes to be revised

Sara Reed is resigning as co-chair and member of the council.

Adjournment: 11:50am

Next meeting is **Wednesday, March 23, 2016**

10:00am-12:00pm

Legislative Office Building

Room- 2A

300 Capitol Avenue

Hartford, CT 06106